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Intellectual Property Law

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FACSIMILE TRANSMISSION COVERSHEET

DATE: March 15, 2007

TO: Examiner Michael L. BORIN
Group Art Unit 1631
Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

RE: U.S. Patent Application No. 10/087,541
Filed: March 1, 2002
Confirmation No.: 2245
Attorney Docket No.: 5010-349

FROM: Leonard D. Bowersox

FAC. NO.: (571) 273-8300

NUMBER OF PAGES (INCLUDING THIS COVER SHEET): 18

Items Attached: Transmittal Form 1 Page
Fee Transmittal 1 Page
Amendment 15 Pages

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Virginia J. Byers
Name (Print)

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PAGE 02

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U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/8/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2007** Applicant Claims small entity status. See 37 CFR 1.27**Complete if Known**

Application Number	10/087,541
Filing Date	March 1, 2002
First Named Inventor	Benjamin R. HALPERN
Examiner Name	Michael L. BORIN

TOTAL AMOUNT OF PAYMENT	(\$250.00)	Attorney Docket No.	5010-349
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METHOD OF PAYMENT (check all that apply)

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<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 012213	Deposit Account Name: Applied Biosystems
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)	Fee (\$)
----------	----------

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
25	- 20 or HP = 5	x \$50.00	= \$250.00		

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 or HP = 0	x	=

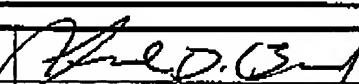
HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

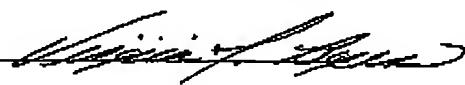
SUBMITTED BY	
Signature	
Name (Print/Type)	Leonard D. Bowersox

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Name: Virginia J. Byers

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PTO/SB/21 (08-00)

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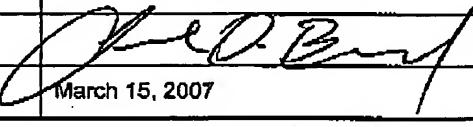
(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/087,541
		Filing Date	March 1, 2002
		First Named Inventor	Benjamin R. HALPERN
		Group Art Unit	1631
		Examiner Name	Michael L. BORIN
Total Number of Pages in This Submission	17	Attorney Docket Number	5010-349 (formerly ABIOS.022A)

ENCLOSURES (check all that apply)

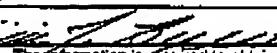
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Acknowledgement Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):
		Customer No. 35411
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Leonard D. Bowersox, Esq.		
Signature			
Date	March 15, 2007		

CERTIFICATE OF MAILING

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Signature			
Date	March 15, 2007		

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.	:	10/087,541	Confirmation No.:	2245
Applicant	:	Benjamin R. HALPERN		
Filed	:	March 1, 2002		
TC/A.U.	:	1631		
Examiner	:	Michael L. BORIN		
Attorney Docket No.	:	5010-349		
Customer No.:		35411		

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Sir:

This Amendment is in response to the Office Action mailed December 15, 2006, for which the Examiner has set a three-month period for response, thus making the response due on or before March 15, 2007.

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin at page 11 below.

03/16/2007 TL0111 00000063 012213 10087541
01 FC:1202 250.00 DA